

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1000
 City St. Louis (No. City Hospital #1)

File No. 25037
 Registered No. 6451
 St. Ward (.....)

2. FULL NAME

(a) Residence, No. 4512 A Oakland St., 18 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hellie McGuire</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1, 1887</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>9</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>St Louis Mo</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo13. NAME Wm. McGuire14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo17. INFORMANT Hellie McGuire
(ADDRESS) 4512 A Oakland Ave18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 7-26 3319. UNDERTAKER Thiegschausen Mortuaries
(ADDRESS) 4104 Manchester Ave20. FILED 7-13-33
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 193322. I HEREBY CERTIFY, That I attended deceased from St. Louis Mo 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 8:55 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Internal Haemorrhage following traumatic rupture of spleen received during a friendly scuffle
 Other contributory causes of importance: in St. Louis, Mo 1887
1945 1038 Accident 297

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-22, 1933Where did injury occur? St. Louis, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public PlaceManner of injury Friendly scuffleNature of injury Rupture of spleen24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) W. J. Saenger(Address) St. Louis, Mo7-25-33

